



600 Grant Street  
 P.O. Box 574  
 West Elizabeth, PA 15088

Phone: 412/384-1700  
 Fax: 412/384-3460

**Instructions:**

1. Print and fill out the Return Authorization Form. This form must be completely filled in before a credit/return will be issued
  2. Place form in packaging with return
  3. Cut out return label and place on package
- \*NO Return/Exchange will be issued without authorization form\*

## RETURN AUTHORIZATION FORM

**Items that you are returning:**                      **Invoice #** \_\_\_\_\_ **Order Date:** \_\_\_\_\_

Quantity	Item #	Description	Price	Total

**Reason for Return:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Returned by:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Returns Policy:**

- You may return your order for credit (minus shipping charges) within 30 days after receipt.
- The item(s) must be **IN NEW CONDITION, UNINSTALLED AND IN ORIGINAL PACKAGING.**
- To return your order you **MUST** fill out the Return Authorization Form and include it with all items being returned.
- All defective products will be accepted for credit or exchange within 30 days of the invoice date.
- All non-defective returns are subject to a 15% restocking fee and must be returned within 14 days of invoice.
- Customer is responsible for paying re-shipping fees for exchanged merchandise.



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From: \_\_\_\_\_  
\_\_\_\_\_  
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**Fagan Sanitary Supply  
Attn: Returns Department  
600 Grant Street  
West Elizabeth, PA 15088**